

- Multi-surgery pricing is applied when there are two (2) or greater surgical codes submitted on a claim. Surgical codes are in the CPT range of 10000-699999.
- The allowed amount (herein referred to as the “allowed amount” or “allowable”) is based upon the lesser of either the contracted allowed amount or the physician’s actual billed charge. When multiple procedures are involved, the procedure with the highest allowable is considered to be the primary procedure by HealthLink, unless that procedure is an add-on code or modifier 51 exempt.
- This only affects physician services submitted on a CMS-1500 claim form. There are different pricing rules that apply to facility claims when contracted for ASC groupers and these will not be addressed in this document.
- HealthLink recognizes valid, clinically justified HCPCS and CPT modifiers. The following list of commonly used modifiers identifies HealthLink’s methodology for claims pricing as of the date of the publication of this manual.

Modifier Description Pricing Rule

Modifier	Pricing Rule
51	Multiple procedures 100% of allowed amount for procedure with highest allowable then 50% of allowed amount for all additional procedures.
50	Bilateral 100% of the allowed amount for the first side, 50% of the allowed amount for the second side.
80, 81 or 82	Assistant Surgeon 16% of the surgical allowed amount.
AS	Assistant Surgeon 14% of the surgical allowed amount.
62	Co-Surgeon 63% of the allowed amount.
22	Unusual Procedural Service 120% of the allowed amount.
25	Separately identifiable service. No additional payment, but use of this modifier will cause an E&M to be allowed when submitted with a procedure code.
57	Decision for Surgery. No additional payment, but use of this modifier will cause an E&M to be allowed when submitted with a procedure code.

Multiple Surgery (Modifier 51)

Refers to multiple procedures performed at the same session by the same provider. Some procedures are exempt from modifier 51 and are listed in CPT. These guidelines do not apply to modifier 51 exempt procedures or to add-on codes; appropriate reductions are taken regardless of if modifier 51 is billed or not.

1. 100% of the allowed amount (or the lesser of the actual charge) for the procedure with the highest allowable. The procedure with the highest allowed amount is considered by HealthLink to be the primary procedure.
2. 50% of the allowed amount (or the lesser of the actual charge) for any additional surgical procedure.

Bilateral Surgical Procedures (Modifier 50)

The same procedure is performed on both sides of the body by one surgeon.

1. Cases involving only the bilateral procedure; no additional procedures done.
 - a. 100% of the allowed amount for the first procedure.
 - b. 50% of the allowed amount for the second procedure.
2. Cases involving a bilateral procedure as the primary procedure and additional procedures are done.
 - a. 100% of the allowed amount for the first side, 50% for the second side of the bilateral procedure.
 - b. 50% of the allowed amount for any additional, non-bilateral procedures performed.
3. Cases where the bilateral procedure is not the primary procedure, and additional procedures are done.
 - a. 100 % of the allowed amount for the primary procedure.
 - b. 50% of the allowed amount for the first side of the bilateral procedure.
 - c. 50% of the allowed amount for the second side of the bilateral procedure.

Assistant Surgeons (Modifiers 80, 81, or 82)

1. 16% of the allowable for the procedure.
2. Assistant Surgeon recommendations follow the guidelines of CMS and the American College of Surgeons.

NOTE: Assistant surgeons are also subject to multiple surgery reductions.

Assistant Surgeons (Modifier AS)

1. 14% of the allowable for the procedure.

Co-Surgeon (Modifier 62)

Two (2) surgeons work together performing distinct part(s) of a procedure.

1. 63% of the allowable for the procedure.
2. Reduction applies only to the common procedure billed by both surgeons. In the absence of a common procedure, the reduction is taken on each surgeon's primary procedure.

NOTE: Co-surgeons are also subject to multiple surgery reductions.

Unusual Services (Modifier 22)

This modifier may be used to report special circumstances or difficult procedures.

1. 120% of the allowable for the procedure.

NOTE: Also subject to multiple surgery reductions.